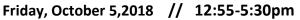
Return Forms to Activity Center!

City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Green Meadows Petting Farm!







Leaves from Activity Center at Bohrer Park (ACBP), but all are welcome!

Pick up at Activity Center at Bohrer Park by 5:30pm

*NOTE: we will leave ACBP at 2:00pm for the field trip

** Parents are required to provide transportation to the Activity Center

Activity Center is located at 506 S. Frederick Ave in Gaithersburg

- Need an animal fix? Join us for a day of fun on the farm, petting farm animals in the country!
- Registration is limited to the first 60 participants
- Please make sure your child has eaten lunch **BEFORE** program.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

For 1st-5th graders!

Questions? Contact Sydney Zintchem at 301-258-6350 or Sydney.zintchem@gaithersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

Gaithersburg

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress

Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards accepted.

		Petting Farm Registration Form					Activity # 6895		
□ Check here if nev	v address,	phone since last	time registered	d. C	ity Reside	ent □ N	onresident 🗆]	
		•	_		•				
Parent's Last Name Parent's First Name Address City/State/Zip									
Home Phone		Work	Work Phone			Cell Phone			
Email						_			
Participant's Name	Sex	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee	
Example: Colin Ryan	М	09/02/10	Petting Farm		ACBP	1	RCES	\$	
			Petting Farm		ACBP			\$	
			Petting Farm		ACBP			\$	
The City of Gaithersb Requests must be ma	_	_			-	-			
I hereby grant permissi ble for my child's insu Gaithersburg, employe also consent to the City these days in which the	urance in ca es and agen 's use of any	ase of injury. Furth ts will not be respon photographs an/or	nermore, I unders sible for any perso	tand that alth	nough safety lost by my cl	precaution	ns will be obser njury sustained i	ved, the City in the program	
Print Parent/Guardian	Name		Signature of Parent/Guardian						
Amount Paid \$ Cash Check # Exp. Date/_						Office Use Only: # 6895			
Signature (name on card)						Resider		w	
Print Name					Pr:		Date		